

Application to Serve as a Page at the Iowa United Methodist Annual Conference

Hy-Vee Hall, Des Moines, Iowa
June 4 - 8, 2010

Name: _____ Grade Completed this year: _____

Home Church: _____ District: _____

Gender: M F Cell Phone: _____ Home Phone: _____

E-Mail: _____

Address: _____

City: _____ Zip Code: _____

Have you been a Page in the past? Y N What Year(s) _____

T-Shirt Size: S M L XL XXL

Additional items needed

1. Please include a letter of reference from your Pastor or Youth Leader stating why they think you would be a good candidate to serve as a Page for the Iowa Annual Conference.
2. A 100-250 word essay explaining:
 - a. Why you want to serve as a page.
 - b. How your faith walk has lead you to this point of servant hood.
 - c. How your faith walk can be enriched by this experience.
3. Fill out Registration/Health form

Parental Consent

As parents we believe that _____ is capable and will serve well as a Page at the June 4-8, 2010 Iowa United Methodist Annual Conference. We are happy to endorse our youth for this responsibility.

Parents Signature: _____

Date: ____/____/2010

2010 Iowa United Methodist Annual Conference

Hy-Vee Hall, Des Moines, Iowa

Page Information - Please Read Carefully!

Definition: Page [peyj] *noun, verb*, paged, pag-ing.

-noun

1. an attendant or employee, usually in uniform, who carries messages, ushers guests, runs errands, etc.
2. a person employed by a legislature to carry messages and run errands for the members, as in the U.S. Congress (or in our case the Iowa Annual Conference).

-verb

3. to summon formally by calling out the name of repeatedly.
4. to attend as a page.

Purpose: Since the Iowa United Methodist Conference is a decision making body; it receives reports, acts upon recommendations and develops programs, policies and budgets for the future. Pages are needed in its operation and to serve the 1800+ members who attend.

You are being called to be servant leaders, the hands and feet of the Annual Conference, your job is to deliver communications, directions, aide and assistance to those who are in need of your help.

Pages will be selected with the following guidelines:

1. 32 Pages state wide
2. 4 Pages from each of the 8 Districts
3. 16-Male Pages, 16-Females Pages
4. 8 Pages from each Grade 9th, 10th, 11th, and 12th.
5. Essay and Pastoral Reference letter will be used as the main determiner.
6. Past experience is not a guaranteed placement.

Required Skills:

1. A page must be out going, friendly, smiling and must enjoy walking.
2. A Page must be willing to work from 7:30-9:30 most days without complaining.
3. A Page should model Christian behavior at all times.
4. A Page must wear appropriate clothing and issued t-shirt.

Accommodations: Pages will be rooming at Grandview College and transported (bus) back and forth from Hy-Vee Hall. Pages are not allowed to drive while in Des Moines after they check in on Friday (keys will be collected at check in)

Meals: Special arrangements have been made so that all Pages will be eating at Hy-Vee Hall.

***Your application, letter of reference and health form must be received by
Saturday April 17, 2010***

After the 17th of April, I will let you know if you have been selected to serve as a Page. All pages will need to arrive at Hy-Vee Hall for check in at 12:30pm on Friday June 4th, 2010. Annual Conference will run Saturday June 5th thru Tuesday June 8th 2010.

I look forward to receiving your application packet.

Pastor Steve Braudt
723 Washington Street
Cedar Falls, Iowa 50613
steve.braudt@aboutfirst.com

Iowa United Methodist Annual Conference Pages Registration and Health Information

Please Print in Ink

Name _____ Birthday ____/____/____ Male Female
Last First Middle Init.

Fall of '09 School _____ Fall of '09 Grade _____

Address _____ City _____ State _____ Zip _____

Youth Phone (H) _____ Phone (Cell) _____ Email address _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Second Parent _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Emergency Contact _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Parent Email address _____

Medical Insurance carrier _____ Policy# _____ Group# _____

Carrier address _____ Name of insured person _____

Name of family physician _____ Phone _____

Health History (Check. Give approximate dates)

____ Frequent Ear Infections ____ Diabetes ____ Bleeding Disorders
____ Heart Defect/Disease ____ Asthma ____ Mononucleosis
____ Seizures ____ ADD/ADHD ____ Downs Syn.
____ Tourettes Syn. ____ Chicken Pox ____ Measles
____ Mumps

Allergies (dates not needed)

____ Hay Fever ____ Penicillin
____ Ivy Poisoning, etc. ____ Insect Stings
Other _____
Drugs (specify) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current medications (List both prescription, OTC & herbal)

Medication name: _____ Dosage _____ Reason for taking _____

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Medication name: _____ Dosage _____ Reason for taking _____

For your information, these are our rules of conduct expected from each youth:

- Respect one another, staff and adult leaders
- No alcohol, drugs, tobacco permitted
- No lighters permitted
- No fighting, weapons, fireworks, explosives
- No driving during Annual Conference
- Respect property
- No offensive or immodest clothing
- No boys in girl's sleeping quarter & vice versa
- Participation with the group expected
- Respect and comply with event schedules

Parent(s)/guardian
Signature _____ Date _____

Student's Signature _____ Date _____

(Wait, there's more on back!)

**Iowa United Methodist Conference
Pages Waiver and Release from Liability
Effective June 4 2010 to June 8 2010**

Initial

I (We) acknowledge that my child's participation in the Iowa United Methodist pages program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. Therefore, in consideration of my child's being allowed to participate in the Iowa United Methodist Conference Pages program, I (we) agree to the following:

Initial

Iowa United Methodist Conference is not responsible for the loss or theft of personal belongings.

Initial

Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial

I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications of Iowa United Methodist Conference Ministries including the internet website.

Initial

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:

- A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury the following person, or entities: Iowa United Methodist Conference, it's Director of Pages and Employees, volunteers, representatives, subcontractors and agents of any of the above:
- B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Iowa United Methodist Conference staff or volunteers and:
- C) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Iowa United Methodist Pages activities.**

Initial

The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I hereby authorize any licensed physician, emergency, medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious manner possible. Permission is also granted to Iowa United Methodist Conference representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Parent(s)/Guardian Signature

Date

Parent(s)/Guardian Signature

Date